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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		A CONTRACTOR OF THE CONTRACTOR

Office Use Only



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07 FEB -5 PM 2: 48

COVER LETTER

•	TO: Registration Section Division of Corporations	
	SUBJECT: Hon'ZON Unlimited Properties IV LLC (Name of Limited Liability Company)	43.4
	The enclosed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Diana Rodiguez (Name of Person)	
	Dipak Shah MOPA (Firm/Company)	:
	14701 N FIA Ave (Address)	
	Tampa FL 33613 (City/State and Zip Code)	ingent kan berjaga.
	For further information concerning this matter, please call:	
	(Name of Person) at (813) 265-2066 (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	
r., and	\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & D\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	as IV LLC
Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3\da#7_	
30% Greenbranch Dr Ste 102	
Wesley Chapet 12 33543	
Tampa City, State, an	gistered agent are: O7 FEB - 5 PM STATE OF STAT
Having been named as registered agent and to ac	ccept service of process for the above stated limited

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR - Managing Member	Minari Shah MGR 13927 Shadi Share Dr Tampa Feb 33613
,	
	- M. L. J. B. J.
(Use attachment if necessary)	n the date of filing: 2 107. (OPTIONAL) ust be specific and cannot be more than five business days p
fective date is listed, the date m	•
fective date is listed, the date mudays after the date of filing.)	
LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a mudays after the date, if other than the date of filing.)	tember or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)